

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-036712

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

FILED SEP 25 1963

Primary Registration District No. 5595 Registrar's No. 109

VS 300
Rev. 4/59

1 0500

2 0500

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9 330X

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12 70-0

13 4-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jefferson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Arnold		c. CITY OR TOWN Arnold	
Length of stay in 1b		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1757 Engle Drive		d. STREET ADDRESS (If outside, give location) 1757 Engle Drive	
3. NAME OF DECEASED (Type or print) First Doris Middle A. Last Becher		4. DATE OF DEATH Month 9 Day 21 Year 1963	
5. SEX Female	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 8-15-1940
10a. USUAL OCCUPATION (Give kind of work done Not in line of working life, even if retired) Housewife		11. BIRTHPLACE (City and state or country) Goreville Illinois	
10b. KIND OF BUSINESS OR INDUSTRY At Home		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Kenneth Whitney		13b. MOTHER'S MAIDEN NAME Anna G. Martin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) NO		16. SOCIAL SECURITY NO. NO	
17. INFORMANT Robert H. Becher		Address 1757 Engle Dr. Arnold, Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Vascular Accident DUE TO (b) Caused by Congenital Myocardium DUE TO (c) Rupture (Spontaneous) of "b" PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) none known PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour 2:30 p.m. Month, Day, Year Sept 21, 1963	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY Jefferson STATE Mo	
21. I attended the deceased from Aug 1963 to Sept 21, 1963 and last saw her alive on Sept 21, 1963 Death occurred at 2:30 p.m., Sept 21, 1963 on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE R. Davis (Degree or title)		22b. ADDRESS Arnold, Mo	
22c. DATE SIGNED		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 9/24/63		23c. NAME OF CEMETERY OR CREMATORY Immaculate Conception	
23d. LOCATION (City, town, or county) Arnold Mo.		24. FUNERAL DIRECTOR Fendler Und. Co. 7420 Michigan	
25. DATE RECD. BY LOCAL REG. 9/24/63		26. REGISTRAR'S SIGNATURE Mr. J. L. Schmitt	

USE BLACK INK
OR
TYPEWRITER RIBBON

St. Louis 11 Mo. (Can be Embalmer's Statement on Reverse Side)

Dr. Spain
301 Virginia
Charleston City

1963 OCT 1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. B. Peterson

Licensed Embalmer No. 3767

P. O. Address 7420 Michigan

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.